

Colorado Secretary of State
Elections Division
1700 Broadway, Suite 270
Denver, CO 80290
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Fax (303) 869-4861
www.sos.state.co.us

SOS Approved 07/05



VOTER REGISTRATION DRIVE STATEMENT OF INTENT

C.R.S. (1-2-701; 1-2-702; 1-2-703)

Voter Registration Drive Organizer

Name of Organization _____

Address _____

Telephone No. _____ E-Mail _____

Parent Organization (if applicable)

Name of Organization _____

Address _____

Telephone No. ____/____/____ E-Mail _____

Voter Registration Drive Agent

(Must be a Colorado resident)

Name _____

Physical Address _____

Mailing Address _____

Telephone No. ____/____/____ E-Mail _____

In which county or counties will the organization be conducting the voter registration drive? _____

I UNDERSTAND THAT PRIOR TO CONDUCTING A VOTER REGISTRATION DRIVE, I MUST COMPLETE THE SECRETARY OF STATE TRAINING PROGRAM, AND I MUST PROVIDE THE SAME TRAINING TO ALL PERSONS PARTICIPATING IN THE VOTER REGISTRATION DRIVE.

ORGANIZER SIGNATURE

DATE

PLEASE PRINT NAME

Registration expires December 31 of this year.

SECRETARY OF STATE/COUNTY CLERK USE ONLY

Information Verified _____

Verifier _____

SOS Assigned Number _____